

**FEC FORM 9
24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR
ELECTIONEERING COMMUNICATIONS****1. Individual, Organization or Qualified Nonprofit Corporation Making the Disbursement/Obligations**

(a) Name

Americans For Common Sense Solutions

(b) Address (number and street) ☐ check if different than previously reported

170 Westminster Street

(c) City, State and ZIP Code

Providence

RI

02903

2. FEC Identification Number**C** C30001903

(d) Name of Employer or Principal Place of Business

n/a

(e) Occupation

n/a

3. Is This Statement☒**New**

or

☐**Amended****4. Covering Period**M M / D D / Y Y Y Y
1 0 / 0 7 / 2 0 1 0

through

M M / D D / Y Y Y Y
1 1 / 0 1 / 2 0 1 0**5. (a) Date of Public Distribution(s)**M M / D D / Y Y Y Y
1 0 / 0 8 / 2 0 1 0**(b) Communication Title** Worst Shape**6. The filer is a(n):** (a) ☐ Individual (b) ☒ Unincorporated Organization (c) ☐ Qualified Nonprofit Corporation (11 CFR 114.10)(d) ☐ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15(e) ☐ Other, specify: _____**7. Were the disbursements for the electioneering communication made exclusively from donations to a segregated bank account?**Yes ☐No ☐**8. Custodian of Records**

(a) Name

Christopher Stenberg

(b) Address (number and street)

170 Westminster Street

(c) City, State and ZIP Code

Providence

RI

02903

(d) Name of Employer or Principal Place of Business

self-employed

(e) Occupation

consultant

9. Total Donations This Statement

25000.00

10. Total Disbursements/Obligations This Statement

30923.54

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM Christopher Stenberg

SIGNATURE Electronically Filed by Christopher Stenberg

DATE 02/15/2011

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. 437g.

List of Person(s) Sharing/Exercising Control

(use additional pages as necessary)

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11. Person(s) Sharing/Exercising Control

A. (a) Name Christopher Stenberg	Transaction ID : F91.000001
--------------------------------------------	------------------------------------

(b) Address (number and street) 170 Westminster Street

(c) City, State and Zip Code

Providence

RI

02903

(d) Name of Employer or Principal Place of Business

self-employed

(e) Occupation

consultant

B. (a) Name Edward Cotugno	Transaction ID : F91.000002
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(b) Address (number and street) 1692 Chalkstone Ave.

(c) City, State and Zip Code

Providence

RI

02909

(d) Name of Employer or Principal Place of Business

not employed

(e) Occupation

A. Full Name of Donor

Russell Jeffrey

Mailing Address of Donor
9 Brayton Meadow

City	State	Zip
E. Greenwich	RI	02818

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	9		2	0	1	0

Amount

25000.00									
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Transaction ID : F92.000001

SUBTOTAL of Donations This Page (optional).....

25000.00

TOTAL This Period (last page this line number only).....
(carry total from last page to Line 9)

25000.00

SCHEDULE 9-B**Disbursement(s) Made or Obligations**

A. Full Name (Last, First, Middle Initial) of Payee Cox Media				Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 1 0</div> </div>			
Mailing Address of Payee PO Box 105353				Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">12313.95</div>			
City Atlanta		State GA		Zip Code 30348		Communication Date <div style="display: flex; justify-content: space-around;"> <div>M M / D D / Y Y Y Y 1 0 / 0 8 / 2 0 1 0</div> </div>	
Name of Employer n/a		Occupation n/a		Transaction ID : F93.000001			
Purpose of Disbursement (including title(s) of communication(s)) Television airtime - Worst Shape							
Name of Federal Candidate David Cicilline		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: RI District: 01		Disbursement/Obligation For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
F94.000002							
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
B. Full Name (Last, First, Middle Initial) of Payee Fox - WNAC				Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 1 0</div> </div>			
Mailing Address of Payee PO Box 415086				Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">2677.50</div>			
City Boston		State MA		Zip Code 02241		Communication Date <div style="display: flex; justify-content: space-around;"> <div>M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 1 0</div> </div>	
Name of Employer n/a		Occupation n/a		Transaction ID : F93.000002			
Purpose of Disbursement (including title(s) of communication(s)) Television airtime - Worst Shape							
Name of Federal Candidate David Cicilline		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: RI District: 01		Disbursement/Obligation For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
F94.000004							
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
SUBTOTAL of Disbursement/Obligation This Page (optional)				<div style="border: 1px solid black; padding: 2px; text-align: right;">14991.45</div>			
TOTAL This Period (last page this line number only) (carry total from last page to line 10)				<div style="border: 1px solid black; height: 20px; width: 100%;"></div>			

Disbursement(s) Made or Obligations

A. Full Name (Last, First, Middle Initial) of Payee Cox Media				Date of Disbursement or Obligation MM / DD / YYYY 10 / 15 / 2010			
Mailing Address of Payee PO Box 105353				Amount 5974.65			
City Atlanta		State GA		Zip Code 30348		Communication Date MM / DD / YYYY 10 / 08 / 2010	
Name of Employer n/a		Occupation n/a		Transaction ID : F93.000003			
Purpose of Disbursement (including title(s) of communication(s)) Television airtime - Worst Shape							
Name of Federal Candidate David Cicilline		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: RI District: 01		Disbursement/Obligation For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
F94.000006		Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
B. Full Name (Last, First, Middle Initial) of Payee WLNE							
Mailing Address of Payee 10 Orms Street				Date of Disbursement or Obligation MM / DD / YYYY 10 / 19 / 2010			
City Providence		State RI		Zip Code 02904		Amount 3315.00	
Name of Employer n/a		Occupation n/a		Communication Date MM / DD / YYYY 10 / 23 / 2010			
Transaction ID : F93.000004							
Purpose of Disbursement (including title(s) of communication(s)) Television airtime - Worst Shape							
Name of Federal Candidate David Cicilline		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: RI District: 01		Disbursement/Obligation For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
F94.000008		Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
SUBTOTAL of Disbursement/Obligation This Page (optional)				9289.65			
TOTAL This Period (last page this line number only) (carry total from last page to line 10)							

SCHEDULE 9-B**Disbursement(s) Made or Obligations**

A. Full Name (Last, First, Middle Initial) of Payee RJ LaChance Advertising				Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>M M / D D / Y Y Y Y 1 0 / 0 7 / 2 0 1 0</div> </div>			
Mailing Address of Payee 35 Kirby Street				Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">4500.00</div>			
City Barrington		State RI		Zip Code 02806		Communication Date <div style="display: flex; justify-content: space-around;"> <div>M M / D D / Y Y Y Y 1 0 / 0 8 / 2 0 1 0</div> </div>	
Name of Employer n/a		Occupation n/a		Transaction ID : F93.000005			
Purpose of Disbursement (including title(s) of communication(s)) TV/media production - Worst Shape							
Name of Federal Candidate David Cicilline		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: RI District: 01		Disbursement/Obligation For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
F94.000010							
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: District: 		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: District: 		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
B. Full Name (Last, First, Middle Initial) of Payee Teresa M. Graham				Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 1 0</div> </div>			
Mailing Address of Payee 27 Shangri-La Blvd				Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">2142.44</div>			
City East Wareham		State MA		Zip Code 02538		Communication Date <div style="display: flex; justify-content: space-around;"> <div>M M / D D / Y Y Y Y 1 0 / 0 8 / 2 0 1 0</div> </div>	
Name of Employer n/a		Occupation media consultant		Transaction ID : F93.000006			
Purpose of Disbursement (including title(s) of communication(s)) Media placement fee - Worst Shape							
Name of Federal Candidate David Cicilline		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: RI District: 01		Disbursement/Obligation For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
F94.000012							
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: District: 		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: District: 		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
SUBTOTAL of Disbursement/Obligation This Page (optional)				<div style="border: 1px solid black; padding: 2px; text-align: right;">6642.44</div>			
TOTAL This Period (last page this line number only) (carry total from last page to line 10)				<div style="border: 1px solid black; padding: 2px; text-align: right;">30923.54</div>			